

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

BB

PLAINTIFF

COURT CASE NUMBER

07C7069

DEFENDANT

TYPE OF PROCESS

S/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Medical Director Ting, Cook County Jail Medical Director

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr., Div.5, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Ramone Griffin, K-68821
Vienna-VNA
6695 State Route 146 East
Vienna, IL 62995

Number of process to be served with this Form - 285	1
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Number of parties to be served in this case	3
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Check for service on U.S.A.	0
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

FILED

Fold

MAR 3 2008 PH
Mar 3, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF

TELEPHONE NUMBER

DATE

 DEFENDANT

02-04-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process 2 of 3	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	TD	Date 02-04-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Jean Kivlages Director CQI/RM

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

2-22-08 10:00 pm

Signature of U.S. Marshal or Deputy

Service Fee 48.00	Total Mileage Charges <i>(including endeavors)</i> 5.82	Forwarding Fee 0	Total Charges 53.82	Advance Deposits 0	Amount owed to U.S. Marshal or 53.82	Amount of Refund 0
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REMARKS: 1-DUSM

1-Hour

12-Miles